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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Laboratory		
				Findings /		
				Chemistry/He		
Peds C	Critical	PIC			Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
				Clinical		Add: PEF values are not mandatory if one or more of the required
Peds C	Critical	PIC	SI	Findings	Asthma / Wheezing, ≥ One: PEF < 40%, ≥ One:	elements are met or severe risk factors are present.
				Clinical		Add: PEF values are not mandatory if one or more of the required
Peds C	Critical	PIC	SI	Findings	Asthma / Wheezing, ≥ One: PEF 40-69% and severe risk factors	elements are met or severe risk factors are present.
				Clinical	-	·
Peds C	Critical	PIC	SI	Findings	Bleeding, active, ≥ One: Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
				Clinical	Hemodynamic instability, ≥ One: Infectious disease, ≥ One: Blood /	Add: Includes positive cultures of wounds, permacaths, PICC line tips or
Peds C	Critical	PIC	SI	Findings	CSF culture (+) for bacteria / fungus / protozoa	other implantable devices.
					Mechanical ventilation / NIPPV, ≥ One: Respiratory interventions ≥ 3-	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Peds C	Critical	PIC	IS	≥ One IS	4x/24h, ≤ 3d	criteria point.
						Change: Anti-infective ≥ 1 drug and T > 102°F PR. Add: Hemodialysis
Peds C	Critical	PIC	IS	≥ One IS	Anti-infectives ≥ 2 drugs and T > 102°F PR	patients do not require daily anti-infectives.
Peds C	Critical	PIC	IS	≥ One IS	Bronchodilators / Nebulized epinephrine at least q1-2h / continuous	Mucomyst; Xopenex may be given 4x/24h.
Peds C	Critical	PIC	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Peds C	Critical	PIC	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	criteria point.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds C	Critical	PIC	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds C	Critical	PIC	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds C	Critical	PIC	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Peds C	Critical	PIC	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Peds C	Critical	PIC	*IS	≥ Three *IS	Oxygen ≥ 35%	Therefore 3.5 L/min via nasal cannula is equal to 35%.

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Peds	LOC	Subset	or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical		,,,,,,,
Peds	Critical	C-SRG/TR	SI	Findings	Bleeding, active, ≥ One: Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.
						Change: Anti-infective ≥ 1 drug and T > 102°F PR. Add: Hemodialysis
Peds	Critical	C-SRG/TR	IS	≥ One IS	Anti-infectives ≥ 2 drugs and T > 102°F PR	patients do not require daily anti-infectives.
Peds	Critical	C-SRG/TR	IS	≥ One IS	External ventricular lumbar drainage	Change: External ventricular or lumbar drainage
Peds	Critical	C-SRG/TR	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Peds	Critical	PIC	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	criteria point.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds	Critical	PIC	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Peds	Critical	C-SRG/TR	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	criteria point.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical	Neurologic disorder and hemodynamic stability w/o progressive	Add: Hemodynamic stability is not required to assess the necessity of
Peds	Intermed	IC-PEDI	SI	Findings	neurologic deficits, ≥ <b>One:</b>	inpatient treatment but is required to assess discharge indicators.
				Clinical		Add: Hemodynamic stability is not required to assess the necessity of
Peds	Intermed	IC-PEDI	SI	Findings	Post operative ≤ <b>3d</b> <i>and</i> hemodynamic stability, ≥ <b>One:</b>	inpatient treatment but is required to assess discharge indicators.
				Clinical		Add: Hemodynamic stability is not required to assess the necessity of
Peds	Intermed	IC-PEDI	SI	Findings	Respiratory distress <i>and</i> hemodynamic stability, ≥ <b>One:</b>	inpatient treatment but is required to assess discharge indicators.
				Clinical		Add: Hemodynamic stability is not required to assess the necessity of
Peds	Intermed	IC-PEDI		Findings	Sepsis syndrome / SIRS <i>and</i> hemodynamic stability, ≥ <b>Two:</b>	inpatient treatment but is required to assess discharge indicators.
				Clinical		Add: Hemodynamic stability is not required to assess the necessity of
Peds	Intermed	IC-PEDI		Findings	Syncope / Presyncope <b>and</b> hemodynamic stability, ≥ <b>One:</b>	inpatient treatment but is required to assess discharge indicators.
				Clinical		Add: Hemodynamic stability is not required to assess the necessity of
Peds	Intermed	IC-PEDI	SI	Findings	Trauma <b>and</b> hemodynamic stability, ≥ <b>One:</b>	inpatient treatment but is required to assess discharge indicators.
						Change: Anti-infective ≥ 1 drug, ≤ 2d. Add: Hemodialysis patients do
	Intermed			≥ One IS	Anti-infectives ≥ 2 drugs, ≤ 2d	not require daily anti-infectives.
Peds	Intermed	-	_	≥ One IS	Bronchodilators / Epinephrine by nebulizer ≥ <b>q3h</b>	Add: Xopenex may be given 4x/24h.
Peds	Intermed	IC-PEDI	IS	≥ One IS	IV medication administration, <b>Both:</b> Titration, <b>One:</b>	Add: Titration is not required.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
	Intermed	_	_	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	criteria point.
Peds	Intermed	IC-PEDI	IS	≥ One IS	Volume expanders <i>and</i> systolic BP, ≥ <b>One:</b>	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
	Intermed			≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds	Intermed	_		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
L .			l			CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Peds	Intermed	IC-PEDI	*IS	≥ Three *IS	Mechanical ventilation / NIPPV <b>and</b> respiratory interventions ≤ <b>q5-8h</b>	criteria point.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
						Change: Anti-infective ≥ 1 drug. Add: Hemodialysis patients do not
Peds	Nursery	NIC Level III	IS	≥ One IS	Anti-infectives ≥ 2 drugs, ≥ One:	require daily anti-infectives.
Peds	Nursery	NIC Level III	IS	≥ One IS	Blood products / Volume expanders	Add: excludes KVO rate
Peds	Nursery	NIC Level III	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
						Established pattern of weight gain is a weight gain of 20-30 g/D for 7
Peds	Nursery	NIC Level III	DS		Establish pattern of weight gain	days. Grace days may be applied until this criterion is met.
Peds	Nursery	NIC Level III	IS	≥ One IS	External ventricular lumbar drainage	Change: External ventricular or lumbar drainage

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
		Special Care				
Peds	Nursery	Level II	IS	≥ One IS	Anti-infectives, ≥ <b>One:</b>	Add: Hemodialysis patients do not require daily anti-infectives.
		Special Care				
Peds	Nursery	Level II	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
		Special Care				Add: Any medication that requires at least PO administration may be
Peds	Nursery	Level II	*IS	≥ Three *IS	Diurectics (PO)	given IV or via a more intensive route.
		Special Care				Established pattern of weight gain is a weight gain of 20-30 g/D for 7
Peds	Nursery	Level II	DS		Establish pattern of weight gain	days. Grace days may be applied until this criterion is met.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
		Newborn Level				
Peds	Nursery	I	IS	≥ One IS	Anti-infectives, ≥ <b>One:</b>	Add: Hemodialysis patients do not require daily anti-infectives.
						Temp stability should be documented for 3 days prior to discharge of
						infants. This 3-day countdown begins the actual day of transfer to the open
		Newborn Level		Home / OP,		crib. Grace days may be applied for up to 3 days when no other clinical
Peds	Nursery	I	DS	All:	T 97.8-99.5 PR maintained in open crib	issues apply.
		Newborn Level				Established pattern of weight gain is a weight gain of 20-30 g/D for 7 days.
Peds	Nursery	I	DS		Established pattern of weight gain	Grace days may be applied until this criterion is met.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
		Transitional				
Peds	Nursery	Care	IS	≥ One IS	Anti-infectives ≤ 3x/24h	Add: Hemodialysis patients do not require daily anti-infectives.
		Transitional		Home / OP,		Established pattern of weight gain is a weight gain of 20-30 g/D for 7
Peds	Nursery	Care	DS	AII:	Established pattern of weight gain	days. Grace days may be applied until this criterion is met.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
						Image findings that reveal cardiomegaly and fluid in or around the
				Imaging		heart/lung area, when patients present with SOB or dyspnea is indicative
Peds	Acute	CV/PV	SI	Findings	Pulmonary edema / Heart failure	of CHF.
Peds	Acute	CV/PV	IS	≥ One IS	DVT treatment, <b>One</b> :	Add: Approve for arterial thrombus with Heparin, Lovenox or Fragmin.
						Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as
Peds	Acute	CV/PV	_	≥ One IS	DVT treatment, <b>One:</b> LMWH ≤ <b>3d</b> , Unfractionated heparin ≤ <b>5d</b>	unfractionated heparin ≤ 5d. Add: Fragmin
Peds	Acute	CV/PV	IS	≥ One IS	IV fluids, ≥ <b>One</b> : Active vomiting	Add: Active diarrhea.
						NPO is considered applicable when it is an active treatment / therapy
						within the patient's plan of care. This point cannot be applied when the
Peds	Acute	CV/PV	IS	≥ One IS	IV fluids, ≥ <b>One</b> : NPO ≤ <b>2d</b>	patient is NPO for testing or procedures.
						Add: Any medication that requires at least PO administration may be
						given IV or via a more intensive route. Catapres patch may be used in
Peds	Acute	CV/PV	IS	≥ One IS	PO medication adjustment ≤ 2d, ≥ One:	place of a PO medication in this criteria point.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
		CV/PV		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
	Acute	CV/PV		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
	Acute	CV/PV		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
L .		0) ((5) (	*10			diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	CV/PV	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
L .		0) ((D) (	*10	. TI #10	0	oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
		CV/PV		≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	CV/PV	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
						Add: Active seizures not required if IV only , unable to tolerate PO or
		CNS/MS	_	≥ One IS	Anticonvulsants and active seizures	subtherapeutic levels
Peds		CNS/MS		≥ One IS	EEG, continuous ≤ 2d	This criterion may be applied for a total of three days rather than two.
Peds	Acute	CNS/MS	IS	≥ One IS	IV fluids, ≥ One: Active vomiting	Add: Active diarrhea.
						NPO is considered applicable when it is an active treatment / therapy
						within the patient's plan of care. This point cannot be applied when the
Peds	Acute	CNS/MS	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d	patient is NPO for testing or procedures.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
		CNS/MS		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds		CNS/MS		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
L .						Mucomyst and/or Xopenex administered may be counted towards this
		CNS/MS		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
		0110/140	*10		5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	CNS/MS	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
	l	010/140	*10	. TI #IC	0 > 050/ / 41/ / NO 4 / / ADO	oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
		CNS/MS		≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	CNS/MS	TIS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	END	IS	≥ One IS	IV fluids, ≥ One: Active vomiting	Add: Active diarrhea.
						NPO is considered applicable when it is an active treatment / therapy
						within the patient's plan of care. This point cannot be applied when the
Peds	Acute	END	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d	patient is NPO for testing or procedures.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
		END	_	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds	Acute	END		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	END	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Peds	Acute	END		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	END	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	END	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
	Acute	END		≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	END	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
				Home / OP,	Clinical stability, ≥ <b>One</b> : Lab values <i>w/in</i> acceptable ranges, ≥ <b>One</b> :	Apply consecutive grace days for Na less than or equal to 120 until the
Peds	Acute	END	DS	Both:	Na <b>135-145</b> <i>mEq/L</i>	Na is above 120. Then you must refer to Peer Clinical Reviewer (PCR).

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Peds Peds	LOC Acute	Subset ENT	DS IS	Category ≥ One IS	Anti-infective(s), ≥ One:	Alabama Medicaid Agency - Local Medical Policy  Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ENT	_	≥ One IS	Anti-infective(s), ≥ One: ≥ 2 anti-infectives	Change: ≥ 1 anti-infective.
Peds	Acute	ENT		≥ One IS	Anti-infective(s), ≥ One: ≥ 2 anti-infectives  Anti-infective(s), ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
Peds	Acute	ENT		≥ One IS	IV fluids, ≥ One: Active vomiting	Add: Active diarrhea.
reus	Acute	EINI	10	2 Offe 13	IV liulus, 2 One: Active vorniting	NPO is considered applicable when it is an active treatment / therapy
Dodo	A outo	ENT	IS	≥ One IS	IV fluids. ≥ One: NPO ≤ 2d	within the patient's plan of care. This point cannot be applied when the
Peds	Acute	EINI	10	2 One 15	IV IIulas, 2 One: NPO 5 2a	patient is NPO for testing or procedures.
Dodo	A outo	ENT	*10	≥ Three *IS	Antiametica One: Caratania antaganista g24h	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
	Acute	ENT			Antiemetics, One: Serotonin antagonists q24h	criteria point.
	Acute			≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ENT	15	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
Dada	A4	CNIT	*10	> Three *IC	Dranch adilators > 2x/24b	Mucomyst and/or Xopenex administered may be counted towards this
	Acute	ENT		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	ENT	15	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	ENT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
Peds	Acute	ENT	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	ENT	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical	Abdominal pain, severe / increasing, ≥ <b>One:</b> Acute pancreatitis /	Add: Pancreatitis confirmed by diagnostic lab or imaging and not
		GI	SI	Findings	cholecystitis on imaging	tolerating solid food.
Peds	Acute	GI	IS	≥ One IS	IV fluids, ≥ One: Active vomiting	Add: Active diarrhea.
						NPO is considered applicable when it is an active treatment / therapy
						within the patient's plan of care. This point cannot be applied when the
Peds	Acute	GI	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d	patient is NPO for testing or procedures.
						Add: With mental status changes due to elevated NH <sub>3</sub> , disregard >120.
						Add: Discharge screen- When NH3 levels are <120 ug/dL without
Peds	Acute	GI	IS	≥ One IS	Lactulose PO / PR, <b>One:</b> NH <sub>3</sub>	documented mental status changes, apply discharge criteria.
Peds	Acute	GI	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds	Acute	GI	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds	Acute	GI	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	GI	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Peds	Acute	GI	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	GI	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	GI	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
Peds	Acute	GI	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	GI	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
				Home / OP,	Clinical stability, ≥ <b>One</b> : Lab values <i>w/in</i> acceptable ranges, ≥ <b>One</b> :	Apply consecutive grace days for Na less than or equal to 120 until the
Peds	Acute	GI	DS	Both:	Na 135-145 mEq/L	Na is above 120. Then you must refer to Peer Clinical Reviewer (PCR).

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Laboratory		
				Findings /		
Peds	Acute	HEM/ONC		Hematology	Platelets < <b>20,000</b> / <i>cu.mm</i>	Change: Platelets < 30,000/cu.mm.
Peds	Acute	HEM/ONC	IS	≥ One IS	Blood products, ≥ <b>One</b> : Platelets < <b>20,000</b> / <i>cu.mm</i>	Change: Platelets < 30,000/cu.mm.
						Add: Active diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Peds		HEM/ONC		≥ One IS	IV fluids, ≥ <b>One:</b> Active vomiting / NPO ≤ <b>2d</b>	applied when the patient is NPO for testing or procedures.
Peds	Acute	HEM/ONC	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
		HEM/ONC		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds		HEM/ONC		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
		HEM/ONC		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
	<b>.</b> .	LIENAVONIO	*10	. TI #10	0	oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
		HEM/ONC		≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	HEM/ONC	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
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Peds	Acute	ID	SI	Surgical	Cellulitis, ≥ <b>One:</b> ANC < 500/ <i>cu.mm</i>	Change: ANC ≤ 1500/cu.mm.
					Culture / Smear / Latex agglutination (+) for bacteria / fungi / protozoa /	Add: Includes positive cultures of wounds, permacaths, PICC line tips or
Peds	Acute	ID	SI	General	ТВ	other implantable devices.
Peds	Acute	ID	SI	General	Systemic / Organ infection confirmed / suspected, ≥ One:	WBC below 3,000 and above 15, 000
						Add: Does not require toxic appearance if one of the criteria points is
Peds	Acute	ID	SI	General	Toxic appearing, One:	present.
				Cardiac /		
Peds	Acute	ID	SI	Respiratory	Pulmonary infiltrate (pneumonia), ≥ One: ANC < 1000/cu.mm	Change: ANC ≤ 1500/cu.mm.
				Cardiac /	Pulmonary infiltrate (pneumonia), ≥ One: Immunocompromised host /	Add: Includes patients with active cancer, diabetes, Cystic Fibrosis or
Peds	Acute	ID	SI	Respiratory	Chronic ventilator dependent	Sickle Cell Anemia.
Peds	Acute	ID	IS	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ID	IS	≥ One IS	Anti-infectives, ≥ One: ≥ 2 anti-infectives	Change: ≥ 1 anti-infective.
Peds	Acute	ID	IS	≥ One IS	Anti-infectives, ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
						Add: Active diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Peds	Acute	ID	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds	Acute	ID		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
	Acute	ID		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	ID	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
	Acute	ID		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	ID	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	ID	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
			1			oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
	Acute	ID		≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	ID	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
						Patients with confirmed intra-abdominal abscess, not meeting criteria on
L .				Home / OP,		day 3, may receive one grace day for the 3rd day of anti-infective
Peds	Acute	ID	DS	Both:	Clinical stability, <b>Both:</b> GI / GU / GYN, ≥ One: Abscess resolving	treatment.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
		00 11175		High Risk		
Peds	Acute	OB-ANTE	SI	Obstetrics	Bleeding > 1 pad/h in 2nd / 3rd trimester	Bleeding resulting in decreasing H&H requiring monitor at least daily
				High Risk		Preeclampsia is considered to be when either the systolic BP is greater
Peds	Acute	OB-ANTE	SI	Obstetrics	Preeclampsia (BP ≥ 140/90), ≥ Two:	than or equal to 140 OR the diastolic is greater than or equal to 90.
						Patients diagnosed, as incompetent cervix, who are between 20-37
				High Risk		weeks gestation, with current cervical change and require bed rest will
Peds	Acute	OB-ANTE	SI	Obstetrics	Preterm labor and gestation 20-37 completed wks, Both:	automatically meet this criterion.
				High Risk	Preterm labor <b>and</b> gestation <b>20-37</b> completed <b>wks</b> , <b>Both</b> :	
	Acute	OB-ANTE		Obstetrics	Contractions ≤ q10 min for ≥ 30 sec for ≥ 1h	Change: Contractions of any frequency (delete ≤ q10 min).
	Acute	OB-ANTE	_	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	OB-ANTE	IS	≥ One IS	DVT treatment, <b>One:</b>	Add: Approve for arterial thrombus with Heparin, Lovenox or Fragmin.
						Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as
Peds	Acute	OB-ANTE	IS	≥ One IS	DVT treatment, <b>One:</b> LMWH ≤ <b>3d</b> , Unfractionated heparin ≤ <b>5d</b>	unfractionated heparin ≤ 5d. Add: Fragmin
						Change: IV fluid rate ≥ 100 mL/h, or ≥ 75 mL/h if patient requires
Peds	Acute	OB-ANTE	IS	≥ One IS	IV fluids ≥ <b>125</b> <i>mL</i> / <b>h</b> , ≥ <b>One</b> :	cautious rehydration due to comorbidity.
						Add: Active diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
		OB-ANTE		≥ One IS	IV fluids $\geq$ 125 $mL/h$ , $\geq$ One: NPO $\leq$ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
Peds	Acute	OB-ANTE	IS	≥ One IS	Preterm labor, ≥ <b>One:</b> Tocolytics (initial)	Add: Tocolytics are not required to be initial dose.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
		OB-ANTE		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds	Acute	OB-ANTE		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Peds	Acute	OB-ANTE		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	oximetry, a minimal daily oximetry testing is required.
Peds	Acute	OB-ANTE	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.

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Peds	LOC	Subset	DS		2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Obstetrics / At	t	
				Term ≥ 38		
				Weeks /		Add: Including delivery outside the hospital within 24 hours of
Peds	Acute	OB/GYN/GU	SI	Induction		presentation.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	Anti-infectives, ≥ <b>One:</b>	Add: Hemodialysis patients do not require daily anti-infectives.
						The initial course refers to initiation of dialysis in a patient who has never
						received this service. This criterion could be either peritoneal dialysis
						performed daily or Hemodialysis performed 3 times per week. Anti-
						infective treatment while on the initial course of Hemodialysis might also
Peds	Acute	OB/GYN/GU		≥ One IS	Hemodialysis / Peritoneal dialysis (initial course) ≤ 7d	be QOD instead of daily.
Peds	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, ≥ <b>One</b> : Active vomiting	Add: Active diarrhea.
						NPO is considered applicable when it is an active treatment / therapy
						within the patient's plan of care. This point cannot be applied when the
Peds	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d	patient is NPO for testing or procedures.
Peds	Acuta	OB/GYN/GU	IS	≥ One IS	Post C-section care ≤ 4d / Post NSVD ≤ 2d	Add: Including delivery outside the hospital within 24 hours of presentation.
Peds	Acute	OB/GYN/GU		≥ One IS	Volume expanders <b>and</b> Hct < <b>30%</b> / Hb < <b>10.0</b> g/dL	Add: excludes KVO rate
i cus	riouto	00/0114/00	10	2 0110 10	Volume expanders and flot < 50707 flo < 10.0 g/d E	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Antiemetics, <b>One</b> : Serotonin antagonists <b>q24h</b>	criteria point.
Peds	Acute	OB/GYN/GU		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	OB/GYN/GU		≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
1 000	710010	02/0114/00	1.0	- 111100 10	Dioda producto / Volumo expandere	Mucomyst and/or Xopenex administered may be counted towards this
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	OB/GYN/GU		≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
		0=,011,00	1		( ) = ===	Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
		==, = , = 0	+			Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
Peds	Acute	OB/GYN/GU	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	OB/GYN/GU		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
. 000	, wate	05/0114/00	٠٠		Carginal additionit/ Would lab	Treams led to following to a bodolide procedure.

Alabama Medicaid Agency to modify provider manual to reflect this organizational policy.

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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical	Asthma / Wheezing, <b>Both:</b> PEF <b>40-69%</b> <i>and</i> unimproved after, ≥	Add: PEF values are not mandatory if one of the required elements is
Peds	Acute	RSP	SI	Findings	One:	met and significant risk factors are present.
						Image findings that reveal cardiomegaly and fluid in or around the
				Imaging		heart/lung area, when patients present with SOB or dyspnea is indicative
Peds		RSP		Findings	Pulmonary edema / Heart failure	of CHF.
Peds	Acute	RSP	IS	≥ One IS	IV fluids, ≥ <b>One:</b> Active vomiting	Add: Active diarrhea.
						NPO is considered applicable when it is an active treatment / therapy
						within the patient's plan of care. This point cannot be applied when the
Peds	Acute	RSP	IS	≥ One IS	IV fluids, ≥ <b>One:</b> NPO ≤ <b>2d</b>	patient is NPO for testing or procedures.
					Mechanical ventilation / NIPPV, ≥ <b>One:</b> Respiratory interventions ≥	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Peds	Acute	RSP	IS	≥ One IS	3x/24h	criteria point.
					Pulmonary embolus treatment, <b>One:</b> LMWH ≤ <b>3d</b> , Unfractionated	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as
	Acute	RSP		≥ One IS	heparin ≤ <b>5d</b>	unfractionated heparin ≤ 5d. Add: Fragmin
	Acute	RSP		≥ One IS	Respiratory medication by nebulizer at least <b>q4h</b> / IV, ≥ <b>One:</b>	Add: Mucomyst; Xopenex may be given 4x/24h.
Peds	Acute	RSP	IS	≥ One IS	Volume expanders and Hct < 30% / Hb < 10.0 g/dL	Add: excludes KVO rate
			***			Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
	Acute	RSP		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
	Acute	RSP		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	RSP	15	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
D I -	A4 -	DOD	*10	> Th *10	Duran de adilata de > 00/04b	Mucomyst and/or Xopenex administered may be counted towards this
	Acute Acute	RSP RSP		≥ Three *IS ≥ Three *IS	Bronchodilators ≥ 3x/24h	Change, Corticostoraido phort acting >3v/24h, lang acting >4v/24h
Peas	Acute	KSP	15	≥ Three "IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h  Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acuto	RSP	*10	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
reus	Acute	NOF	13	z miee is	Dialysis / Olifallitration	Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oxigen requirement of 26 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
Peds	Acute	RSP	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
	Acute	RSP		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
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Peds	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
1 643		Oubset	- 50	Category	2003 Interograms Officeria i Offic	Complex wound care is considered to be any burn wound care requiring
						oral or parenteral analgesia for patients < 12 years old appropriate for the
						inpatient setting and this criteria point may be applied, with the exception
Peds	Acute	SKIN	IS	≥ One IS	Burn therapy, ≥ <b>One:</b> Complex wound care	of simple(basic) wound care.
Peds	Acute	SKIN	_	≥ One IS	IV fluids. ≥ One: Active vomiting	Add: Active diarrhea.
1 643	Acute	OKIIV	10	E Offic to	TV Halas, E One. Active vorniting	NPO is considered applicable when it is an active treatment / therapy
						within the patient's plan of care. This point cannot be applied when the
Peds	Acute	SKIN	ıs	≥ One IS	IV fluids, ≥ One: NPO ≤ 2d	patient is NPO for testing or procedures.
reus	Acute	SKIN	10	2 Offic 13	IV IIdids, 2 Offe. IVI 0 3 24	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds	Acute	SKIN	*19	≥ Three *IS	Antiemetics, <b>One</b> : Serotonin antagonists <b>q24h</b>	criteria point.
Peds	Acute	SKIN		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	SKIN		≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
1 643	Acute	OKIIV	10	E THICC TO	Blood products / Volume expanders	Mucomyst and/or Xopenex administered may be counted towards this
Peds	Acute	SKIN	*19	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	SKIN		≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
1 643	Acute	OKIIV	10	- 1111CC 10	Outloosteroids (1 O) = EXETT	Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	SKIN	*15	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
1 643	Acute	OKIIV	10	- 1111CC 10	Dialysis / Oili ailiti ation	Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
Peds	Acute	SKIN	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	SKIN		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
1 003	710010	CINIT	iO	1- 111100 10	Cargical debilderine in 7 Would lab	Would lab is felening to a boaside procedure.

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Peds LOC Subset DS Category  2009 InterQuatio Criteria Point  Alabams Medicaid Agency - Local Medical Policy  Delete: "and performed same day as admission." Use this criteria point starting with the day the elective surgery / invasive procedure is performed. Add SixRo Edil Acet SRG/TR SI Findings  Peds Acute SRG/TR SI Findings  Peds Acute SRG/TR SI Pone IS Arti-infectives, ≥ One:  Peds Acute SRG/TR SI ≥ One IS Arti-infectives, ≥ One:  Peds Acute SRG/TR SI ≥ One IS No Findings  Peds Acute SRG/TR SI ≥ One IS No Findings  Peds Acute SRG/TR SI ≥ One IS No Findings  Peds Acute SRG/TR SI ≥ One IS No Findings  Peds Acute SRG/TR SI ≥ One IS No Findings  Peds Acute SRG/TR SI ≥ One IS No Findings Size One:  Peds Acute SRG/TR SI ≥ One IS No Findings Size One:  Peds Acute SRG/TR SI ≥ One IS No Findings Size One:  Peds Acute SRG/TR SI ≥ One IS No Findings Size One:  Peds Acute SRG/TR SI ≥ One IS No Findings Size One:  Peds Acute SRG/TR SI ≥ One IS Post surgical care, One: Short stay review ≤ 24h  This criteria point may be applied for trauma patients that meet SI in this subset. Pending surgery is not required.  Peds Acute SRG/TR SI ≥ One IS Progressive activity (PT / OT), ≤ 24h and home discharge expected: Interest point of ADLs and mobility. However, many patients that reverse they are safe for discharge expected: Interest point of ADLs and mobility. However, many patients that reverse they are safe for discharge expected: Interest point of ADLs and mobility. However, many patients that reverse they are safe for discharge and Acute SRG/TR SI ≥ Three SI Si Bood products / Volume expanders  Peds Acute SRG/TR SI ≥ Three SI Si Bood products / Volume expanders  Peds Acute SRG/TR SI ≥ Three SI Si Bood products / Volume expanders  Peds Acute SRG/TR SI ≥ Three SI Si Bood products / Volume expanders  Peds Acute SRG/TR SI ≥ Three SI Si Bood products / Volume expanders  Peds Acute SRG/TR SI ≥ Three SI Si Corticosteroids (PO) ≥ 2x/24h  Peds Acute SRG/TR SI ≥ Three SI Si Displays / Ultrafiltration  Peds Acute SRG/TR SI ≥ Three SI Si							
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Peds   Acute   SRG/TR   IS   ≥ One IS   Post surgical care, One: Short stay review ≤ 24h   meet this criterion.						,	Surgical I&D is considered a short stay review. Bedside I&D does not
Peds Acute SRG/TR IS ≥ One IS Post trauma monitoring and surgery planned ≤ 24h    Post trauma monitoring and surgery planned ≤ 24h   SRG/TR IS ≥ One IS   Post trauma monitoring and surgery planned ≤ 24h   This criteria point may be applied for trauma patients that meet SI in this subset. Pending surgery is not required. This criterion may be applied for the 1st 24 hours of PT or OT type services provided by nurses or therapists for those individuals with premorbid medical or physical impairments, or prolonged hospitalizations that result in impairment of ADLs and mobility. However, many patients that receive these therapies will demonstrate they are safe for discharge that same day, prior to 8PM. Add: excludes KVO rate   SRG/TR   IS ≥ One IS   Volume expanders and Hct < 30% / Hb < 10.0 g/dl.   Add: excludes KVO rate   Add: excludes KVO rate   Add: Hemodialysis patients do not require daily anti-infectives.   Add: Hemodialysis patients do not require daily anti-infectives.   Add: Hemodialysis patients do not require daily anti-infectives.   Add: Excludes KVO rate   Mucomyst and/or Xopenex administered may be counted towards this criterion.   SRG/TR   IS ≥ Three IS   Bronchodilators ≥ 3x/24h   Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h   Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients ad	Peds	Acute	SRG/TR	IS	≥ One IS	Post surgical care, One: Short stay review ≤ 24h	
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This criterion may be applied for the 1st 24 hours of PT or OT type services provided by nurses or of therapists for those individuals with premorbid medical or physical impairments, or prolonged hospitalizations that result in impairment of ADLs and mobility. However, many patients that receive these therapies will demonstrate they are safe for discharge that same day, prior to 8PM.  Peds Acute SRG/TR IS ≥ One IS Volume expanders and Hct < 30% / Hb < 10.0 g/dL.  Peds Acute SRG/TR IS ≥ Three "IS Anti-infectives  Peds Acute SRG/TR IS ≥ Three "IS Anti-infectives  Peds Acute SRG/TR IS ≥ Three "IS Blood products / Volume expanders  Peds Acute SRG/TR IS ≥ Three "IS Blood products / Volume expanders  Peds Acute SRG/TR IS ≥ Three "IS Blood products / Volume expanders  Peds Acute SRG/TR IS ≥ Three "IS Blood products / Volume expanders  Peds Acute SRG/TR IS ≥ Three "IS Blood products / Volume expanders  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Dialysis / Ultrafiltration  Peds Acute SRG/TR IS ≥ Three "IS Dialysis / Dialysis / Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion "IS daily when actually performed 3 or more times per week.  Administration of 2. nasal cannula is sufficient to meet this criterion or oxygen	Peds	Acute	SRG/TR	IS	≥ One IS	Post trauma monitoring <b>and</b> surgery planned ≤ <b>24h</b>	
services provided by nurses or therapists for those individuals with premorbid medical or physical impairments, or prolonged hospitalizations that result in impairment of ADLs and mobility. However, many patients that result in impairment of ADLs and mobility. However, many patients that receive these therapies will demonstrate they are safe for discharge that same day, prior to BPM.  Peds Acute SRG/TR IS ≥ One IS Volume expanders and Hct < 30% / Hb < 10.0 g/dL  Add: excludes KVO rate  Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.  Peds Acute SRG/TR IS ≥ Three IS Anti-infectives  Peds Acute SRG/TR IS ≥ Three IS Biood products / Volume expanders  Add: excludes KVO rate  Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.  Add: excludes KVO rate  Add: excludes KVO rate  Add: excludes KVO rate  Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.  Add: excludes KVO rate  Add: excludes KVO rate  Add: excludes KVO rate  Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this criteria point.  Add: excludes KVO rate  SRG/TR IS ≥ Three IS Bronchodiliators ≥ 3x/24h  Criterion  Bronchodiliators ≥ 3x/24h  Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h  Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis criterion I'S daily when actually performed 3 or more times per week.  Administration of 2L nasal cannula will increase the Fio2 by 4%. Therefore, oxygen requirement of 2B percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen to ansal cannula will increase the Fio2 by 4%. Therefore, I/L/min via nasal cannula will increase the Fio2 by 4%. Therefore, Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet  One grace day may be given to obligations t						3 · · · · · · · · · · · · · · · · · · ·	
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Peds       Acute       SRG/TR       *IS ≥ Three *IS       Antiemetics, One: Serotonin antagonists q24h       criteria point.         Peds       Acute       SRG/TR       *IS ≥ Three *IS       Anti-infectives       Add: Hemodialysis patients do not require daily anti-infectives.         Peds       Acute       SRG/TR       *IS ≥ Three *IS       Blood products / Volume expanders       Add: excludes KVO rate         Peds       Acute       SRG/TR       *IS ≥ Three *IS       Bronchodilators ≥ 3x/24h       Mucomyst and/or Xopenex administered may be counted towards this criterion.         Peds       Acute       SRG/TR       *IS ≥ Three *IS       Corticosteroids (PO) ≥ 2x/24h       Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h         Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.         Peds       Acute       SRG/TR       *IS ≥ Three *IS       Dialysis / Ultrafiltration       Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 2B percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.         Peds       Acute       SRG/TR       *IS ≥ Three *IS       Surgical debridement							Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Blood products / Volume expanders       Add: excludes KVO rate         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Bronchodilators ≥ 3x/24h       Mucomyst and/or Xopenex administered may be counted towards this criterion.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Bronchodilators ≥ 3x/24h       Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h         Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Dialysis / Ultrafiltration         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Dialysis / Ultrafiltration         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Surgical debridement / Wound I&D       Wound I&D is referring to a bedside procedure.         Peds       Acute       S	Peds	Acute	SRG/TR	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	
Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Blood products / Volume expanders       Add: excludes KVO rate         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Bronchodilators ≥ 3x/24h       Mucomyst and/or Xopenex administered may be counted towards this criterion.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Bronchodilators ≥ 3x/24h       Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h         Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Dialysis / Ultrafiltration         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Dialysis / Ultrafiltration         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Surgical debridement / Wound I&D       Wound I&D is referring to a bedside procedure.         Peds       Acute       S	Peds	Acute	SRG/TR	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Bronchodilators ≥ 3x/24h       criterion.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Corticosteroids (PO) ≥ 2x/24h       Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h         Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Dialysis / Ultrafiltration       Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG       1L/min via nasal cannula will meet this criterion.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Surgical debridement / Wound I&D       Wound I&D is referring to a bedside procedure.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       One grace day may be given to colon surgery patients who have not	Peds	Acute	SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	
Peds Acute SRG/TR *IS ≥ Three *IS Corticosteroids (PO) ≥ 2x/24h    Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h   Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.    Acute   SRG/TR   *IS   Three *IS   Dialysis / Ultrafiltration   Ultrafiltration   Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.    Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.    Peds   Acute   SRG/TR   *IS   Three *IS   Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG   Nound I&D   Wound I&D   Wound I&D   Wound I&D   One grace day may be given to colon surgery patients who have not   One grace day may be given to colon surgery patients who have not						·	Mucomyst and/or Xopenex administered may be counted towards this
Dialysis for chronic renal failure or insufficiency is routinely an outpatient service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.  Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.  Peds Acute SRG/TR *IS ≥ Three *IS Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG 1L/min via nasal cannula will meet this criterion.  Peds Acute SRG/TR *IS ≥ Three *IS Surgical debridement / Wound I&D Wound I&D is referring to a bedside procedure.  Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet One grace day may be given to colon surgery patients who have not	Peds	Acute	SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
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Service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.  Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, Peds Acute SRG/TR *IS ≥ Three *IS Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG  Peds Acute SRG/TR *IS ≥ Three *IS Surgical debridement / Wound I&D Wound I&D is referring to a bedside procedure.  Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet  Service. However, for renal dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis patients admitted with co-morbid diagnoses, you may apply the dialysis criterion *IS daily when actually performed 3 or more times per week.  Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen requirement of 28 percent. Note the other requirement of 28 percent. Note the other requirement of 20 performed 3 or more times per week.  Administration of 2L nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.  Peds Acute SRG/TR *IS ≥ Three *IS Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG  Unimistration of 2L nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via na							
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Peds Acute SRG/TR *IS ≥ Three *IS Dialysis / Ultrafiltration performed 3 or more times per week.  Administration of 2L nasal cannula is sufficient to meet this criterion for oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,  Peds Acute SRG/TR *IS ≥ Three *IS Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG  Peds Acute SRG/TR *IS ≥ Three *IS Surgical debridement / Wound I&D Wound I&D is referring to a bedside procedure.  Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet  One grace day may be given to colon surgery patients who have not							diagnoses, you may apply the dialysis criterion *IS daily when actually
oxygen requirement of 28 percent. Note the other requirement is oximetry, a minimal daily oximetry testing is required. Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,  Peds Acute SRG/TR *IS ≥ Three *IS Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG  Peds Acute SRG/TR *IS ≥ Three *IS Surgical debridement / Wound I&D Wound I&D is referring to a bedside procedure.  Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet  One grace day may be given to colon surgery patients who have not	Peds	Acute	SRG/TR	*IS	≥ Three *IS	Dialysis / Ultrafiltration	
Peds   Acute   SRG/TR   *IS   ≥ Three *IS   Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG   Oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.							Administration of 2L nasal cannula is sufficient to meet this criterion for
Peds   Acute   SRG/TR   *IS   ≥ Three *IS   Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG   Oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.							oxygen requirement of 28 percent. Note the other requirement is
Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG       Oxygen via nasal cannula will increase the FiO2 by 4%. Therefore, 1L/min via nasal cannula will meet this criterion.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Surgical debridement / Wound I&D       Wound I&D is referring to a bedside procedure.         Volume       Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet       One grace day may be given to colon surgery patients who have not							oximetry, a minimal daily oximetry testing is required. Each L/min of
Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG       1L/min via nasal cannula will meet this criterion.         Peds       Acute       SRG/TR       *IS       ≥ Three *IS       Surgical debridement / Wound I&D       Wound I&D is referring to a bedside procedure.         Value       Clinical stability, ≥ One: Post Surgery last 12h, AII: PO fluids / diet       One grace day may be given to colon surgery patients who have not							oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet One grace day may be given to colon surgery patients who have not	Peds	Acute	SRG/TR	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	
	Peds	Acute	SRG/TR	*IS	≥ Three *IS		Wound I&D is referring to a bedside procedure.
						Clinical stability, ≥ One: Post Surgery last 12h, All: PO fluids / diet	One grace day may be given to colon surgery patients who have not
	Peds	Acute	SRG/TR	DS	Home / OP		

				Home / OP,	Clinical stability, ≥ One: Surgical complications resolved, ≥ One: Na	Apply consecutive grace days for Na less than or equal to 120 until the
Peds	Acute	SRG/TR	DS I	Both:	135-145 mEq/L	Na is above 120. Then you must refer to Peer Clinical Reviewer (PCR).

			SI/I			
			S/*I			
			S			
			or			
Peds	LOC	Subset	DS		2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Peds	Acute	TRNSPLT	IS	≥ One IS	Anti-infectives, ≥ <b>One:</b>	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	TRNSPLT	IS	≥ One IS	Anti-infectives, ≥ One: ANC < 1000/cu.mm	Change: ANC ≤ 1500/cu.mm.
					Mechanical ventilation / NIPPV, ≥ <b>One:</b> Respiratory interventions ≥ <b>3</b> -	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Peds	Acute	TRNSPLT	IS	≥ One IS	4x/24h, ≤ 3d	criteria point.
Peds	Acute	TRNSPLT	IS	≥ One IS	Volume expanders <i>and</i> systolic BP < 100	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Corticosteroids (PO) ≥ 2x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore,
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Oxygen ≥ 25% / > 1 L/min NC and oximetry / ABG	1L/min via nasal cannula will meet this criterion.
Peds	Acute	TRNSPLT	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.